

study was to compare clinical characteristics and outcomes between Middle East Arabs and those from the Indian subcontinent presenting with ACS.

Methods and Results: This was a prospective, multinational, observational study of ACS patients admitted to 65 hospitals in 6 Middle Eastern countries during the period between October 2008 and June 2009, as part of Gulf RACE-II (Registry of Acute Coronary Events). Analyses were performed using univariate and multivariate statistics. The Middle Eastern Arab group was significantly older (60 versus 49 years; $p < 0.001$), hypertensive (51% versus 36%; $p < 0.001$), diabetic (42% versus 34%; $p < 0.001$), with prior myocardial infarction (MI) (22% versus 13%; $p < 0.001$) and higher GRACE risk score (27% versus 8%; $p < 0.001$). Indian subcontinent patients were more likely to be smokers (55% versus 29%; $p < 0.001$) presenting predominantly with ST-elevation MI (57% versus 39%; $p < 0.001$). The Middle Eastern cohort suffered more congestive heart failure (15% versus 9%; $p < 0.001$), re-current ischemia (18% versus 9%; $p < 0.001$), re-infarction (2.6% versus 1.2%; $p = 0.001$), cardiogenic shock (7.0% versus 3.0%; $p < 0.001$) and received less evidence-based treatment. On multivariate analysis, Middle Eastern Arabs had higher 1-year mortality compared to those from the Indian subcontinent (adjusted odds ratio, 1.81; 95% CI: 1.19–2.74; $p = 0.005$).

Conclusions: Middle East Arabs were associated with higher rates of coronary risk factors, more complicated in-hospital course and a higher long-term mortality when compared to patients from the Indian subcontinent.

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Nurses' satisfaction dimensions and intention to stay in Prince Sultan cardiac center QASSIM

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Background: Job satisfaction is an important component of nurses' lives that can impact on patient safety, quality of care, commitment to the organization, productivity, performance, retention and turnover.

Aim: The purpose of this study is focused on the predictive effects of organizational commitment, perceived organizational support, transformational leadership, professional communication, decision making, autonomy, level of professional development and accountability to the degree of job satisfaction.

Methodology: A crosssectional descriptive study. All nurses at our center (total of 120 nurses) were given a self-administered questionnaire to determine their level of satisfaction in relation to satisfaction dimensions. The instrument consisted of the demographic information, which included: age, gender, marital status, educational degree,

years of experience in own country and years of experience in PSCCQ. Job satisfaction instrument constituted of a five-point Likert scale. Results: 99/110 nurses respond to the questioner (96 females and 3 males). The overall satisfaction score (from 500 point) was 352.6 ± 85 for female and 349.2 ± 52 for male nurses. Among demographic data, we found that the years of experience is the single item affecting overall satisfaction score ($p = 0.05$), with those who spent 4–5 years are the most satisfied. Low satisfaction scores were encountered mainly with regards salaries and accommodation facilities while higher scores were encountered at tasks given especially for junior staff. Other items include communication with others and professional development was given average score. 15% of our nurses have intention to change.

Conclusion: The study result is a good indicator for staff satisfaction, staff retention and guide future plan for performance improvement.

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Assessment of myocardial viability using early systolic mitral annular motion velocities responses to dobutamine infusion in patients with previous myocardial infarction

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Background: Dobutamine stress echocardiography (DSE) is widely used for detection of myocardial viability. The main limitation of DSE is its subjective interpretation. Assessment of mitral annular motion velocities with tissue Doppler imaging is simple and quantitative measurement.

Objective: It is to determine the relationship between myocardial viability and regional systolic mitral annular motion velocity response to dobutamine stress in patients with previous myocardial infarction with pulsed tissue Doppler imaging (TDI).

Methods: Our study group included 101 patients with previous myocardial infarction. All the patients underwent conventional DSE and dobutamine stress tissue Doppler echocardiography (DSTDE) measuring velocities of presystolic wave (SW1) and peak systolic wave (SW2) at rest and during low-dose dobutamine infusion.

Results: After exclusion of the normokinetic walls, we analyzed 505 walls (Table 1).

Using the conventional DSE as the gold standard for detection of myocardial viability, the sensitivity of the DSTDE using SW1 for detection of viability was 94.8% and its specificity was 91.7%, while the sensitivity using SW2 for detection of viability was 87.8%, and its specificity was 81.5%.

Conclusion: The presystolic wave during DSTDE showed a greater sensitivity and specificity for the prediction of myocardial viability than the systolic wave.